

aside from universal low amphoteric râles, did not show any abnormalities. The heart rate was 92. Heart borders, normal. Temperature, 98.6. Blood: hemoglobin, 65 per cent; red cells, 3,800,000; white cells, 8000; polymorphonuclears, 72; small lymphocytes, 26; large lymphocytes, 2; eosinophils, 0; Wassermann reaction negative; Kahn, negative. Stool: no occult blood. Urine: repeatedly negative. Fully developed cataract in the right eye, beginning cataract in the left eye.

A clinical diagnosis was made of desmoid tumor of the abdominal wall with possible secondary sarcomatous anaplasia. Operation was advised and the operative field was prepared for a few days by dakinization and application of potassium permanganate dressings.

On September 4 a biopsy was done by the resident hospital staff. The report from the frozen section was: "Many irregularly growing spindle cells loosely growing—sarcoma type [?]"

On September 9 the patient was operated on. The tumor was removed, the line of excision remaining within normal skin about one inch away from the growth all around. Then the tumor was peeled away from the abdominal muscles inclusive of the external fascia. The inguinal gland area was also excised, although no glands could be felt. No malignancy was apparently encountered anywhere in the line of dissection. A sliding skin flap from the thigh partly covered the wound leaving a raw area of 6 by 4 inches.

The tumor was the size of a coconut and was firmly attached to the fascia of the left external oblique muscle from which it seemed to take its origin. The growth and its attachment was very vascular. No enlarged glands were encountered.

Seven days after the operation, by order of an interne an x-ray treatment of three-fourths of an erythema dose was given with the result that the poorly nourished skin flap became necrotic to a considerable extent.

On October 3, about three weeks after the first operation, the remaining granulating area was covered with Thiersch grafts taken from the thigh. At the same time a few specimens were taken from the granulation tissue for microscopical examination which was negative as far as malignancy was concerned showing only granulation tissue. From then on the patient made an uninterrupted recovery, and up to the time of this report, ten months after operation (July 30, 1928), is entirely well.

I have previously drawn attention to the frequency of keloid formation in these cases. The patient under discussion also developed a number of keloids (Fig. 2) in and around the operative area, an especially large and dense one at the lower pole which necessitated simple cautery division on December 1, 1927, in order to relieve the pull it exerted in the inguinal region.

PATHOLOGICAL REPORT

The pathological report rendered by the hospital laboratory reads as follows:

"Tumor removed about the size of a coconut, irregular in contour. Specimen shows several different structures, was growing in globules. Some globules (1 to 2 inches in diameter) show a strikingly gelatinous structure, others white and fibrous. Microscopic diagnosis: Section 1 shows pale cells with many fibrils between. These cells have a gliomatous appearance growing irregularly. Section 2 shows a very compact cell mass, irregularly growing with deep staining nuclei. This specimen looks like a spindle cell sarcoma. Myxosarcoma 'desmoid.'"

An eastern pathologist to whom specimen slides were submitted pronounced the tumor fibromyxosarcoma.

COMMENT

In the light of the introductory discussion the diagnosis of the local laboratory, as well as of

the pathologist consulted, may be easily understood. But the fact remains that the tumor, in its clinical development, bears all the earmarks of the group "desmoid tumors," as defined by Saenger. Furthermore, the benign course after nearly a year does not speak for malignancy, and that after and in spite of what one cannot call a radical operation and the absence of treatment by radium and in spite of the above mentioned single dose of x-ray which one may look at as stimulating rather than lethal.

In order to complete the picture the writer is submitting photomicrographs and descriptions thereof from the laboratory of the clinic.

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CALIFORNIA STATE NARCOTIC HOSPITAL*

ITS AIMS AND WORK

By THOMAS F. JOYCE, M. D.

Spadra

THE State of California, realizing its responsibility in the salvaging of the unfortunate victims of narcotic addiction, passed a bill more than a year ago creating the State Narcotic Hospital. This institution was started on property already owned by the state, known as the Pacific Lodge, and is situated about two miles from Spadra, in Los Angeles County, just west of the Valley Boulevard. The property consisted of eight hundred acres of land with one large stucco building capable of housing forty patients and a small personnel. The sum of \$100,000 was appropriated to make the necessary alterations, furnish the equipment, and pay all expenses for the first year. Permanent improvements in the nature of a new sewage disposal system, a new well for domestic service, a steam heating plant, and a modern hydrotherapy room were installed.

Recently a new dormitory building has been opened, housing fifty convalescent patients, and a modern steel fence surrounding five acres of the property adjoining these buildings has just been completed by which it is hoped to reduce the number of escapes from the institution to a minimum.

Next year's budget provides for the erection of an industrial building and gymnasium, where these men will be given instruction in a useful trade in order to provide a means of livelihood after they leave the institution. In the gym-

* Presented at a meeting of Social Service agencies.

nasium, by a competent physical director they will be given instruction in the proper forms of exercise suitable for their needs.

SCOPE OF THE NARCOTIC PROBLEM

The control of the narcotic problem is not by any means a one-man job. Various groups of citizens, working on different angles of the problem, are necessary for an efficient organization to cope with this evil, but I know of no responsibility greater than that which falls upon the shoulders of the medical profession in the humane and scientific treatment of these sufferers. Surely we cannot expect the judges or the sheriffs or police chiefs or social service workers to assume this responsibility. Therefore, at the State Narcotic Hospital, these patients are treated primarily as sick people, suffering from a definite physical disease condition and not simply a bad habit, and they are treated with the same consideration that patients suffering from any other form of disease should be given, irrespective of their past records.

THREE STAGES IN TREATMENT OF NARCOTIC ADDICTS

At the California State Narcotic Hospital at Spadra the treatment of the patients is divided into three stages: one, the stage of preparation; two, the stage of elimination and withdrawal; and three, the stage of convalescence and rehabilitation.

In the first stage we seek to correct any physical defects that are contributing factors to the addiction before we attempt a final withdrawal of the drugs.

The second stage is accomplished by a thorough elimination of the drug under modern methods; not simply depriving the patient of the drug and watching what might happen, but humanely withdrawing the drug from the patient's system in a manner commensurate with the needs of the individual. We know no good reasons for using the so-called "cold turkey" or "kick-out" methods that are employed in some institutions. Our experience has taught us that the patient does not kick it out, the dregs of the drug remaining in the system for variable periods, thereby increasing the patient's suffering and lessening his confidence in his ultimate recovery. Then, again, these methods leave an everlastingly bad impression—one of real revenge on the part of the sufferer, for he knows well that he might have been relieved in a much more humane manner. Furthermore, statistics do not prove that there is anything deterrent in subjecting these people to this sort of treatment. In fact, I am quite sure that if we are going to have any success whatsoever in treating this type of addict it will be only when the most humane and scientific methods are employed. The resentfulness of the addict will be replaced by a degree of confidence and respect for the provider of such treatment. This has been our experience at the State Narcotic Hospital.

Ninety per cent of the patients admitted to the hospital have been the recipients of various kinds of treatment, some having had as many as fourteen different kinds of so-called cures, covering

variable periods of addiction. Two patients sent to us, each had a history of a fifty-year addiction, so you see we are not able to pick favorable cases. We must take those sent to us and, notwithstanding the unfavorable aspects encountered in many cases, we have been uniformly successful in relieving the patients committed to our care, of the pangs of their addiction.

In the third stage of treatment, after leaving the withdrawal ward, the patients are given graduated exercise for a period of two or three weeks, when they are usually able to begin a period of upbuilding. By these means we seek to obtain a thorough physical restoration, realizing that if the mental process is to be corrected and readjusted we must first seek to develop a normally functioning body. Hence, patients are given work suitable to their individual needs. It is not always an easy matter to convince the drug addict of the importance of a long period of after-care, so necessary for his physical as well as mental readjustment. But the longer we are in this work the more we are impressed with the necessity. The reason for the disastrous results which occur in so many cases of narcotic addiction is that this important period of physical and mental readjustment has been entirely overlooked. In reality it is a most important part of the entire treatment. The gravest error of the past has been that these people have been released from custody before they were able to stand on their own feet. Thus lacking in confidence, they resorted to the remedy they knew would bolster them up again. This would not have happened if the physical readjustment had been complete.

We have a five-acre truck garden and a five-acre orchard in which these men are assigned to work, thus relieving the state of the expense of buying provisions of this character. In time we propose to enlarge our agricultural activities to an extent that will considerably relieve the financial burden of food and dairy products for these patients through their own labor.

ADMISSIONS TO THE INSTITUTION

We have admitted to the institution for treatment up to the present time about one hundred seventy patients, all committed to our care by the judges of the superior courts of the State of California, for an indeterminate period of from eight months to two years. Of this number, twelve have already been paroled from the institution and fifteen more are expected to leave the hospital during the month of June.

In order to gain parole the patient must reach a stage of physical balance where we feel quite sure that the use of narcotic drugs is unnecessary for his physical needs. A provision of the parole is that we must be satisfied that while at the hospital these men receive a thorough rehabilitation which will enable them to earn a living when they leave the institution. They must give evidence of being able to do this before they are eligible for parole. Another important step which is taken into consideration is that of providing work for the addict when he leaves the institution. We must have assurance of this work from a future

employer before the parole of an addict is finally passed upon. This work is obtained through the efforts of the parole officer, who also endeavors to secure the cooperation of a near relative or a close family friend to aid us in keeping the addict from relapsing after he leaves the institution.

A NEW YORK INSTITUTION

Several years ago a large hospital was organized by the city of New York for the treatment of drug addicts, and over two thousand patients were treated there during a period of two years. These patients were committed for a period of ninety days, and a large number of them were relieved of their addiction permanently. The relapses that occurred were largely due to two important factors. They were not kept there long enough for a thorough rehabilitation and there was no system of parole or follow-up work in connection with their discharge. In short, they were simply sent into the streets again, many to renew their relations with the peddler within twenty-four hours after their release. I was placed in charge of this hospital a few months after it was started, and one of the first recommendations I made was for a longer period of after-care and an efficient follow-up system. Unfortunately the short-term period of treatment had been adopted by the courts and could not be changed, and there was an insufficiency of funds to carry on the parole work and follow-up system. I know of no other place in the United States where the California constructive program is carried out with the view of reclaiming the narcotic addict as we have in California.

COÖPERATION OF PHARMACY BOARD AND OTHER AGENCIES

Much efficient work has already been done by the State Board of Pharmacy in obtaining laws that will, to a large measure, act as a deterrent to those who seek to enslave more victims of habit-forming drugs. We have in Los Angeles an organization of efficient police officers whose vigilance will always be a barrier to the activities of the distributors. I feel that the State of California may well be proud of the fact that so many citizens have given much of their time and thought to the subject of narcotics and narcotic sufferers. Through the constructive coöperation of various organizations that are interested in this problem we have every reason to believe that in the near future we will have a better understanding, not only regarding the care and treatment of the sufferer, but also how we hope to prevent the making of new victims of narcotic addiction.

PERSONAL VIEWPOINTS ON NARCOTIC CURES

I am frequently asked if I believe that the drug addict can be cured. Yes, I believe that with proper treatment and care narcotic addiction is quite curable. I know of dozens of addicts who were relieved of their addiction years ago and to my knowledge, up to the present time, these people have not returned to their addiction.

I am particularly hopeful for the future of these sufferers here in California because I know the caliber of the people engaged in helping to

reclaim them. I have found in Governor Young a man deeply concerned and anxious to assist in every way in the rehabilitation of these unfortunate people. The same may be said of his director of institutions, whose kindly coöperation has had much to do with whatever success the State Narcotic Hospital has had. Senator Sanborn Young of Los Gatos deserves the high praise of his fellow citizens for the tremendous amount of work he has done in the legislature regarding the narcotic problem. Senator Benson of the State Board of Pharmacy has done much in not only apprehending the peddler but in securing hospital care for the unfortunate victims. Here in Los Angeles we cannot overlook the president of this association, the Honorable Judge Fricke, whose name has been identified with every recent constructive movement concerning narcotic addiction in southern California. I feel also that the medical profession as a whole might well be appreciative of such men as Doctor Williams and Doctor Duffield, whose real constructive advice concerning the medical handling of these cases has been of much value. With coöperation such as I have just mentioned, the State of California will soon be in a position to show by its own results how the narcotic sufferer may be converted from a liability into an asset.

TREATMENT OF PARKINSON'S SYNDROME WITH FEVER PRODUCED BY BATHS*

REPORT OF CASE

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DISCUSSION by H. G. Mehrtens, M. D., San Francisco; Frederick Leet Reichert, M. D., San Francisco; W. Edward Chamberlain, M. D., San Francisco.

THERAPY in encephalitis (Parkinson's syndrome) is still unsatisfactory. Even when every assistance from hyoscin, stramonium, atropin, nicotin, bulboapnin and sedatives has been utilized, there is still room for further aid. After observing the good results obtained from hyperpyrexia produced by baths in neurosyphilis, it seems worth while to apply the same method to encephalitis.

The material consisted of eleven cases, all individuals showing very marked Parkinson signs and symptoms. The complaints were varied, including tremor, difficulty in walking, weakness, ocular crises, marasmus, spasticity, muscular pains, mental depression, insomnia, etc. All had had thorough previous treatment with other standard means of therapy. In addition a few patients suffering from paralysis agitans, presumably with an arteriosclerotic etiology, were unimproved by hyperpyrexia.

METHOD

The baths were given in an ordinary continuous bathtub. The mouth temperature as taken with a regular thermometer, the rectal temperature as obtained by the thermocouple, and the

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